In re Nicole F. Rossitto	According to the calculations required by this statement:
Debtor(s)	The applicable commitment period is 3 years.
	▼ The applicable commitment period is 5 years.
Case Number: BK10-82025	☑ Disposable income is determined under § 1325(b)(3).
(If known)	Disposable income is not determined under § 1325(b)(3).
,	(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Part I. REP	ORT OF	INCOME						
1	a. 🔽	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. ☑ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. ☐ Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.								
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.						olumn A Pebtor's Income	Column B Spouse's Income		
2	Gross	wages, salary, tips, bonuses, overtime, comm	issions.			\$	7,115.77	\$		
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.									
	a.	Gross receipts	\$							
	ъ.	Ordinary and necessary business expenses	\$							
	c.	Business income	Subtract	Line b from Line a		\$	0.00	\$		
	in the	and other real property income. Subtract Lin appropriate column(s) of Line 4. Do not enter a art of the operating expenses entered on Line	number les	than zero. Do not incl						
4	a.	Gross receipts	\$							
	ъ.	Ordinary and necessary operating expenses	\$							
l .	c.	Rent and other real property income	Subtract	Line b from Line a		\$	0.00	\$		
5	Intere	st, dividends, and royalties.				\$	0.00	\$		
6	Pensi	on and retirement income.				\$	0.00	\$		
. 7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.						1,578.00	\$		
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:									
	Unen be a l	nployment compensation claimed to benefit under the Social Security Act Debtor \$	l	Spouse \$		\$	0.00	\$		

									
9	mainten: separate payments	from all other sources. Specify source and amount. If necessary, list additions on a separate page. Total and enter on Line 9. Do not include alimony or separance payments paid by your spouse, but include all other payments of alims maintenance. Do not include any benefits received under the Social Security is received as a victim of a war crime, crime against humanity, or as a victim of conal or domestic terrorism.				,			
	a.	\$							
	b.	\$		\$	0.00	s			
10		I. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 9 in Column B. Enter the total(s).		\$	8,693.77				
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.								
		Part II. CALCULATION OF § 1325(b)(4) COMMITMEN	T PI	ERIC	OD				
12	Enter th	e amount from Line 11.				\$	8,693.77		
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.						;		
	а. b.		-						
	 c.	S							
		d enter on Line 13.				\$	0.00		
14	Subtrac	t Line 13 from Line 12 and enter the result.				\$	8,693.77		
15		ized current monthly income for § 1325(b)(4). Multiply the amount from Lir or the result.	e 14 b	y the	number 12	\$	104,325.24		
16	(This int	ble median family income. Enter the median family income for applicable star formation is available by family size at www.usdoj.gov/ust/ or from the clerk of	the ba	ankru	chold size. ptcy				
	a. Enter	debtor's state of residence: Nebraska b. Enter debtor's household siz	e:		<u>4</u>	\$	72,284.00		
		tion of § 1325(b)(4). Check the applicable box and proceed as directed.							
17	3 ye	amount on Line 15 is less than the amount on Line 16. Check the box for "cars" at the top of page 1 of this statement and continue with this statement.							
	The is 5	amount on Line 15 is not less than the amount on Line 16. Check the box for years" at the top of page 1 of this statement and continue with this statement.	r "The	appl	icable comi	nitn	nent period		
	Part I	II. APPLICATION OF § 1325(b)(3) FOR DETERMINING D	SPO	SAE	LE INC	OM	Œ		
18	Enter ti	he amount from Line 11.				\$	8,693.77		

19	of any of the income or the adjustration b.	al adjustment. If you are marrie income listed in Line 10, Colum debtor or the debtor's dependent: e (such as payment of the spouse debtor's dependents) and the amments on a separate page. If the column denter on Line 19,	n B that was No s. Specify in the 's tax liability of ount of income	OT paid tines to the sp devote	d on a regul below the be pouse's sup d to each pu	ar basis for the lasis for excluding port of persons carpose. If necess	nousehold g the Colother than sary, list a	f expenses lumn B the debtor additional	\$	0.00
20		nt monthly income for § 1325(1	b)(3). Subtract	Line 19	9 from Line	18 and enter the	e result.		\$	8,693.77
21	Annus	alized current monthly income ter the result.	• • • • • • • • • • • • • • • • • • • •					e number 12		104,325.24
22	Applic	cable median family income. Er	nter the amount	from L	ine 16.	· · ·			\$	72,284.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do n complete Parts IV, V, or VI.									not
		Part IV. CALCU	LATION O	F DEI	DUCTIO	NS FROM II	NCOM	E		
		Subpart A: Deductions	ınder Standı	ards (of the Int	ernal Revenu	ie Servi	ice (IRS)		
24A	Expenses for the applicable household size. (This information is available at <u>www.usdoj.gov/ust/</u> or from the								\$	1,371.00
24B	National Standards: health care. Enter in Line all below the amount from IRS National Standards for Out- of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line all by Line b1 to obtain a total amount for household under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household									
	Hous	sehold members under 65 years	of age	Hous	ehold men	bers 65 years o	f age or	older		
	al.	Allowance per member	60.00	a2.	Allowanc	e per member				
	b1.	Number of members	4	b2.	Number o	f members				
	cl.	Subtotal	240.00	c2.	Subtotal				\$	240.00
25A	Utilitie	Standards: housing and utilities Standards; non-mortgage expe	nses for the app	licable	county and	household size.			•	400.00

D 22C (O	iliciai roi	1111 22C) (Chapter 13) (04/10)			4			
	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.							
25B	a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$ 1,064.00					
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$ 2,393.00					
	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$	0.00			
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:							
27A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. 0 1 2 or more. If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.							
	a.	IRS Transportation Standards, Ownership Costs	\$ 496.00					
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$ 488.14					
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	s	7.86			

		Subpart B: Additional Living Expens	se Deductions					
38	Total	Expenses Allowed under IRS Standards. Enter the total of Lines	24 through 37.	\$	4,131.35			
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.							
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend							
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.							
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.							
Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.								
Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.								
Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.								
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.							
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	0.00			
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$					
	a.	IRS Transportation Standards, Ownership Costs	\$					
29	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from							
		Standards: transportation ownership/lease expense; Vehicle 2. ed the "2 or more" Box in Line 28.	Complete this Line only if you					

Subpart B: Additional Living Expense Deductions
Note: Do not include any expenses that you have listed in Lines 24-37

	expe	Ith Insurance, Disabi enses in the categories dependents.	lity Insurance, and Health Sav set out in lines a-c below that ar	ings Acco e reasonat	unt Expen- ly necessar	ses. List y for you	the monthly rself, your spouse,	or	
	a.	Health Insurance			s	796.1			
39	ш. b.	Disability Insura		 -	\$	790.1.	<u>-</u>		
	c.	Health Savings					-{		
		l and enter on Line 39	1000lill		3	•			
	Tota	and enter on Line 39						\$	796.12
	If you space	u do not actually exp e below:	end this total amount, state yo	ur actual t	otal average	monthly	expenditures in the	ıe	
40	mont	thly expenses that you rly, chronically ill, or o	to the care of household or fan will continue to pay for the reas lisabled member of your househ enses. Do not include payments	onable and old or mei	d necessary nber of you	care and	support of an	\$	0.00
41	actua	ally incur to maintain t	violence. Enter the total average he safety of your family under the v. The nature of these expenses	he Family	Violence Pr	revention	and Services Act	u or \$	0.00
42	Hom Loca prov	ne energy costs. Enter al Standards for Housing de your case trustee	the total average monthly amoug g and Utilities, that you actually with documentation of your a imed is reasonable and necess	nt, in exce expend f	ss of the all	owance :	specified by IRS		0.00
43	Educactua school docu	cation expenses for deally incur, not to exceed by your dependent commentation of your ac	ependent children under 18. E d \$147.92 per child, for attendar shildren less than 18 years of ago tual expenses, and you must e	nter the to nce at a pri e. You mu xplain wh	vate or pub st provide y the amou	lic eleme your cas	entary or secondary to trustee with		
· · · · · · · · · · · · · · · · · · ·	 		eady accounted for in the IRS					\$	0.00
44	eloth Natio	ing expenses exceed the control of t	ing expense. Enter the total avenue combined allowances for footexceed 5% of those combined all the clerk of the bankruptcy coable and necessary.	d and clot! lowances.	ning (appare (This infor	el and ser mation is	vices) in the IRS available at	s	0.00
	Cha	ritable contributions.	Enter the amount reasonably ne	cessary fo	r you to exp	end each	month on	+	
45	chari	table contributions in	the form of cash or financial inst	truments to	a charitabl	le organi:	zation as defined in		
	_	 	Do not include any amount in	_				\$	0.00
46	lota	i Additional Expense	Deductions under § 707(b). E				gh 45.	\$	796.12
			Subpart C: Deduction		<u>_</u>				
	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.								
47		Name of Creditor	Property Securing the D	ebt	Avera Monti Paym	hĺy	Does payment include taxes or insurance?		
	a.	Bank of the West	Home Residence			943.00	Maryes □ no		
	b.	Bank of the West	Home Residnece		\$	450.00	bo yes □ no		
•	c.	1st Neb Ed CU	2007 Acura MDX		\$	648.14	of yes □ no		
			•		Total: Ad Lines a, b,			\$	3,101.45

SUBPART C: DEDUCTIONS FOR DEBT PAYMENT

Name of Creditor	Property Securing	<u>Payment</u>
NFM	Electronics and TV	\$69.31

48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.						
		Name of Creditor	Property Securing the Debt	1/60th of the	Cure Amount		
	a.	Bank of the West	Home Residence	S	288.25		
	ь.	Bank of the West	Home Residence	s	33.76		
	c.			\$			
				Total: Add Li	nes a, b, and c	\$	322.01
49	as pr filing	iority tax, child support . Do not include curr	riority claims. Enter the total amount, divi and alimony claims, for which you were li ent obligations, such as those set out in L expenses. Multiply the amount in Line a b	able at the time o	f your bankruptcy	\$	0.00
	resul	ting administrative expe	ense.		ine b, and enter the		
50	a.	Projected average mo	nthly chapter 13 plan payment.	\$	1,135.00		
	b.	schedules issued by the	your district as determined under ne Executive Office for United States nation is available at <u>www.usdoj.gov/ust/</u> ne bankruptcy court.)	<u>it'</u> x 5.50			
	c.	Average monthly adn	ninistrative expense of chapter 13 case		y Lines a and b	s	62.43
51	Tota	l Deductions for Debt	Payment. Enter the total of Lines 47 throu	gh 50.		s	3,485,89
				-		1*	3,485.89
·	,		Subpart D: Total Deductions fr			_	
52	Tota	l of all deductions fror	n income. Enter the total of Lines 38, 46, a	nd 51.		\$	8,413.36
	_	Part V. DETER	MINATION OF DISPOSABLE IF	NCOME UND	ER § 1325(b)(2)		
53	Tota	l current monthly inco	eme. Enter the amount from Line 20.			\$	8,693.77
54	disab	ility payments for a dep	monthly average of any child support paym pendent child, reported in Part I, that you re ctent reasonably necessary to be expended	ceived in accorda		\$	0.00
Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).							
55	wage				an required	\$	0.00

	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in line a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.										
57		Nature of special circumstances	Amount	of expense							
	a.		\$								
	b.		\$								
	c.		\$								
			Total: A	dd Lines a, b, and c	\$	0.00					
58	Tota	l adjustments to determine disposable income. Addessult.	the amounts on Lines	54, 55, 56, and 57 and enter	S	8,413.36					
59	Mon	thly Disposable Income Under § 1325(b)(2). Subtra	ct Line 58 from Line 5	3 and enter the result.	\$	280.41					
	and v	Part VI: ADDITIONA or Expenses. List and describe any monthly expenses, welfare of you and your family and that you contend some under § 707(b)(2)(A)(ii)(I). If necessary, list additing monthly expense for each item. Total the expense	not otherwise stated in hould be an additional ional sources on a sepa	this form, that are required deduction from your curren trate page. All figures should	mon	thly					
60		Expense Description		Monthly Amount	_						
	<u>а.</u> b.			\$	_						
	c.			\$							
		Total: A	dd Lines a, b, and c	\$							
		Part VII: VE	RIFICATION								
		lare under penalty of perjury that the information prodebtors must sign.)	vided in this statement	is true and correct. (If this is	a jo	int case,					
61		Date: 07/29/2010	Signature: /	S/: Nicole F. Rossitto (Debtor)							
		Date:	Signature:								
	(Joint Debtor, if any)										